



Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501

**School District Claim for
State Reimbursement for
School Bus Transportation**

State ☐
District ☐
County ☐

**DUE
DATES:**

First Semester
February 1 to County Superintendent
February 15 to State Superintendent

Second Semester
May 10 to County Superintendent
May 24 to State Superintendent

COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRANSPORTATION:

This claim is for the period beginning _____, 20____ and ending _____, 20____.
month day month day

CERTIFICATION:

The information on this form is complete and accurate to the best of my knowledge.

Date		Signature, Chair, Board of Trustees						
County:		District:					District Level:	
38 Powder River		0706 Powder River Co Dist H S					High School	
Percentage	District #	Route #	Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #
100	79J	1	124	1.36	65	08/19/05	_____	_____
100	79J	10	184	1.36	60	08/19/05	_____	_____
100	79J	2	116	0.95	24	08/19/05	_____	_____
100	79J	3	148	0.95	36	08/19/05	_____	_____
100	79J	4	120	0.95	47	08/19/05	_____	_____
100	79J	5	116.8	1.36	65	08/19/05	_____	_____
100	79J	6	109.2	0.95	21	08/19/05	_____	_____
100	79J	7	104	0.95	24	08/22/05	_____	_____
100	79J	8	82	0.95	22	08/22/05	_____	_____